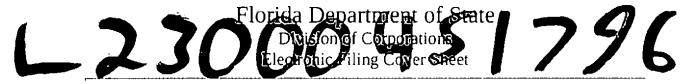
Division of Corporations



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(((H23000385512 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number: I20090000081

Phone

: (307)200-2803

Fax Number

: (813)436-5206

Inter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

-

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Help

Risking Everything LLC

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) nability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L23000451796	were filed on 09/29/23	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabit	ity Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		263
(Principal office address MUST BE A STREET ADDRESS)		
		(,) - - -
Enter new mailing address, if applicable:		· .
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	enter the enter	e name of the new registered
	, Flori	da
	Cuy	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pleing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and provided for in Chapter 605. F.S.	l am familiar with and S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

11/6/2023 12:09:10 PST

To: 18506176383

Page: 3/4

From: Registered Agents Inc.

Fax: 8134365206

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Perez, Anthony	645 BRANDON TOWN CENTER DR STE 645	&Add
		BRANDON, FL	□Remove
		<u></u>	OChange
			□Add
			□Remove
			□Change
			□Add
			□Remove
			f\rightarrow Change
			□Add
		***************************************	□Remove
			Change
			□Add
			□Remove
			□Change
		<u> </u>	□Remove
			□ Change

To: 18506176383

Fax: 8134365206

Typed or printed name of signee